

# Real Spirit Cheer Camps

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## **This form must be completed, signed and returned in order to participate**

I, the undersigned parent/guardian of the participant listed below, do hereby give permission for him/her to attend and participate in the Real Spirit Cheer Camp. I understand that by attending and participating in this event there is a possibility of physical illness or injury to him/her. I hereby waive release and forever discharge all rights and claims for damages which may arise now or in the future against Real Spirit Cheer LLC, staff, sponsors, or other associated representatives for any and all damages which he/she sustains or suffers while attending or participating in the event. Furthermore, I authorize any representative of the host school corporation to act for me according to their judgment in any emergency requiring medical attention. I understand I will be notified as soon as possible in the event of an emergency. All expenses of such treatments will be assumed by me or my insurance. I hereby grant permission to Real Spirit Cheer LLC to use participant's photograph on its website or in other official publications without further consideration, and I acknowledge the right of Real Spirit Cheer LLC to crop and treat the photograph at its discretion.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Emergency phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Signature of participant: \_\_\_\_\_

Participant's school or cheerleading team: \_\_\_\_\_

Participant's date of birth: \_\_\_\_\_

Medications to which participant is allergic: \_\_\_\_\_

Medications to which participant is currently taking: \_\_\_\_\_

Pre-existing medical condition which may prevent participation: \_\_\_\_\_